

# NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG640000

(ADEM Form 522 \_\_\_\_\_ )

## DISCHARGES OF FILTER BACKWASH WATER, SEDIMENTATION BASIN WASHDOWN, AND DECANT WATER FROM WATER TREATMENT PLANTS

(DISCHARGES FROM ION-EXCHANGE AND REVERSE OSMOSIS ARE NOT COVERED BY THIS GENERAL PERMIT)

Mail to: Alabama Department of Environmental Management  
Industrial General Permit Section  
Industrial/Municipal Branch  
Water Division  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

### FOR OFFICE USE ONLY

NPDES PERMIT NUMBER \_\_\_\_\_

FACILITY NUMBER \_\_\_\_\_

PLEASE ANSWER ALL APPLICABLE QUESTIONS. IF SPACE IS INSUFFICIENT TO ADDRESS ANY ITEM BELOW  
PLEASE CONTINUE ANSWER ON AN ATTACHED SHEET OF PAPER.

### FACILITY IDENTIFICATION INFORMATION

A. Name of Facility to be shown on Permit: \_\_\_\_\_

Name of permittee if different from above: \_\_\_\_\_

B. Mailing Address of Facility: – PO Box or Street Route \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

C. Location (STREET ADDRESS) of Facility: \_\_\_\_\_

City, County: \_\_\_\_\_

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):

Latitude (\_\_\_\_\_)°(\_\_\_\_\_)’(\_\_\_\_\_)“ N Longitude (\_\_\_\_\_)°(\_\_\_\_\_)’(\_\_\_\_\_)“ W

E. Facility Contact Person and Title: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

F. Briefly describe your plant process(es) and list the facility's Standard Industrial Code (SIC) (Names and Codes):

\_\_\_\_\_  
\_\_\_\_\_

G. Has the facility been issued an NPDES **INDIVIDUAL** wastewater permit? \_\_\_\_\_

Yes [ ☐ ] No [ ☐ ] NPDES Permit No. AL00 \_\_\_\_\_

Do you intend to replace your individual permit with this General Permit? Yes [ ☐ ] No [ ☐ ]

H. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit
2. Renewal of **GENERAL** Permit No. ALG \_\_\_\_\_
3. Modification of **GENERAL** Permit No. ALG \_\_\_\_\_

- I. Are any of the discharges that you intend to be covered by this permit going to a municipal storm or sanitary sewer? Yes [ ] No [ ]
- J. Name of surface water to which the municipal storm sewer discharges: \_\_\_\_\_
- K. Have you notified the municipality by letter as required by 40 CFR 122.26(a)(4)? Yes [ ] No [ ]
- L. Date facility started or will start operations: \_\_\_\_\_
- M. What is the size of the site in acres? \_\_\_\_\_

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**DSN001 – DISCHARGES ASSOCIATED WITH FILTER BACKWASH WATER,  
SEDIMENTATION BASIN WASHDOWN, AND DECANT WATER FROM WATER TREATMENT PLANTS**

**NOT APPLICABLE** [ ]

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property, and name of receiving stream:

OUTFALLS:

1. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W  
Receiving Stream \_\_\_\_\_
2. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W  
Receiving Stream \_\_\_\_\_
3. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W  
Receiving Stream \_\_\_\_\_

- B. If there are more than one of these discharges, can they be sampled separately? Yes [ ] No [ ]
- C. Is your discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallassee and the junction of the Coosa River and Tallapoosa River? Yes [ ] No [ ]
- D. Please circle the process(es) that applies to this plant:
1. Iron removal
  2. Aluminum removal
  3. Manganese and/or turbidity removal
  4. Pathogen removal
  5. Phosphate-based inhibitors
  6. ION-EXCHANGE AND REVERSE OSMOSIS \*

\* PLEASE NOTE THAT DISCHARGES FROM ION-EXCHANGE AND REVERSE OSMOSIS ARE **NOT** COVERED BY THIS GENERAL PERMIT. IF YOU USE THIS PROCESS, THEN CONTACT THE DEPARTMENT REGARDING AN INDIVIDUAL NPDES PERMIT\*

Describe more completely if necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. List any additives used in the water treatment process, such as coagulants, oxidizing enhancers, etc.:

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F. Source of raw water, (circle):    surface water    ground water    both

G. Plant processes that may contribute to waste water discharge (check all that apply):

\_\_\_ Presedimentation washdown

\_\_\_ Sedimentation washdown

\_\_\_ Filter backwash

\_\_\_ Filter-to-waste

\_\_\_ Other: \_\_\_\_\_

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H. Average flow of finished water production (MGD) during the preceding 12 months: \_\_\_\_\_

I. List all know substances that may be found in the waste water discharge (for example, silt, chlorine, chloroform):

Removed substances: \_\_\_\_\_

Chemical additives: \_\_\_\_\_

Chemical reaction products: \_\_\_\_\_

J. Number and volume of sedimentation basins: \_\_\_\_\_

K. The following pertain to the water that is released from the sedimentation basin(s):

Number of times water is released: \_\_\_\_\_ per week.\*

Number of hours: \_\_\_\_\_ per release. \*

Volume (gallons): \_\_\_\_\_ per release.\*

\*(For existing facilities, use average of last 12 months of operation. New facilities may indicate "Not Applicable – N/A".)

L. The following pertain to filter backwashing:

1) Number of filters backwashed \_\_\_\_\_.

2) Frequency for each filter \_\_\_\_\_ times per week.

3) Amount of water used to backwash \_\_\_\_\_ gallons for each filter

4) Frequency sedimentation basin is washed out \_\_\_\_\_ times per year.

5) Amount of water used to wash out the largest sedimentation basin: \_\_\_\_\_ gallons

6) Type of treatment provided for backwash and sedimentation basin wash waters, and the design capacity of the treatment system:

Type of treatment

Design capacity

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Type of treatment

Design capacity

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M. Within the last 3 years, have any biological tests for acute or chronic toxicity been run on the discharge or on the receiving water in relation to the discharge?    ☐ Yes    ☐ No    ☐ Not Applicable

If Yes, please describe the purpose and type of test, and the pollutants analyzed: \_\_\_\_\_

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Name of lab or consulting firm conducting the test: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number:    (       ) \_\_\_\_\_

N.       Provide (or attach) a sketch of the site showing all settling ponds, discharge point(s), and sludge disposal areas.

### Chlorine Monitoring Options

- A. Is water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)?  
Yes [    ] No [    ]

#### **IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION**

- B. If answer is no, which outfall(s) listed above under DSN001 are both chlorinated **AND** are over 2,500 feet from point of discharge from the facility to the point of entry into the receiving stream?

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the impacted stream.

- C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [    ] No [    ]

For which outfall(s)? \_\_\_\_\_

If your answer is yes to question C. you are certifying by signing this form, that the conditions are as stated above in this Section (Chlorine Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit.

### GENERAL INFORMATION

Have you included a check for the application fee? Yes [    ] No [    ]

#### **DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY**

**CERTIFICATION:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations.

### SIGNATURES

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name and Official title (type or print): \_\_\_\_\_

NOTE: This Notice of Intent must be signed by the official representative of the facility who is: the owner, the sole proprietor of a sole proprietorship, a general partner for a partnership, or by a ranking elected official or other duly authorized representative for a unit of government or an executive officer of **at least the level of vice president** for a corporation, having overall responsibility for the operation of the facility. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

Address: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_

**DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE**

DMR Contact Name and Official title (type or print): \_\_\_\_\_

DMR Contact Address: \_\_\_\_\_

DMR Contact Phone Number: (     ) \_\_\_\_\_

**PLEASE COMPLETE IF NOI IS PREPARED BY A CONSULTANT OR SOMEONE  
OTHER THAN AN EMPLOYEE OF THE FACILITY**

Name of Individual (type or print): \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number:    (     ) \_\_\_\_\_

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**Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.**